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| Case Number: | CM13-0005249 | | |
| Date Assigned: | 08/12/2013 | Date of Injury: | 05/03/2001 |
| Decision Date: | 01/03/2014 | UR Denial Date: | 07/18/2013 |
| Priority: | Standard | Application Received: | 07/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old who reported an injury on 05/03/2001 after picking up heavy boxes, causing a twisting motion and immediate back pain. The patient underwent intermediate conservative treatments to include physical therapy, medications and epidural steroid injections. The patient consistently scored a 27 on the PHQ-9 Depression Questionnaire, which indicated severe depression. The patient reported suicidal ideations without a plan. A psychiatric evaluation recommended continued medication usage of Cymbalta and outpatient cognitive behavioral therapy. The patient exhausted physical therapy without increased functional benefit. The patient underwent acupuncture, which did assist with a reduction in pain. However, the pain did return. The patient complained of neck, midback and low back pain that radiated into the bilateral upper and lower extremities that was exacerbated by activity. The patient's pain was rated at an 8/10 without medications and a 7/10 with medications. Physical findings included tenderness to palpation of the lumbar spine and sacroiliac joints with range of motion restricted to 60 degrees in flexion, 25 degrees in right lateral bending, 25 degrees in right rotation and 25 degrees in left rotation. The patient's diagnoses included chronic pain syndrome; lumbar radiculitis; lumbar degenerative disc disease; low back pain; degenerative disc disease, cervical; cervical radiculopathy; neck pain; dysthymic disorder and trigger middle finger of the right hand; carpal tunnel syndrome and obesity, unspecified. The patient's treatment plan included continued medication usage and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One prescription of Vicodin, #80 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, On-Going Management Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing use of opioid usage in the treatment of chronic pain management must be supported by increased functional capabilities, monitoring for compliance to the prescribed medication schedule, assessment of pain relief and assessment of side effects. The clinical documentation submitted for review does indicate that the employee's medications provide the ability to physically move. However, the pain assessment states that the employee has 8/10 pain without medication and 7/10 pain with medication. Therefore, the efficacy of this medication cannot be established. The employee does not have a significant pain reduction as a result of the medication. The request for one prescription of Vicodin, #80 with one refill is not medically necessary and appropriate.

One prescription of Cymbalta 30mg, #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta®) Section Page(s): 33-44.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "the FDA notes that although duloxetine was effective for reducing pain in employees with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression." The clinical documentation submitted for review does provide evidence that the employee suffers from symptoms of depression. However, the efficacy of this medication is not established as the employee has a VAS score of 8/10 without medications that is only reduced to a 7/10 with medications. The clinical documentation submitted for review does not provide evidence of significant pain relief as a result of the use of Cymbalta. Continued use would not be indicated. The request for one prescription of Cymbalta 30mg, #28 is not medically necessary and appropriate.

One prescription of Cymbalta, 60mg, #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta®) Section Page(s): 43-44.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "the FDA notes that although duloxetine was effective for reducing pain in employees with and without major depressive disorder, the degree of pain relief may have been greater in those with

comorbid depression." The clinical documentation submitted for review does provide evidence that the employee suffers from symptoms of depression. However, the efficacy of this medication is not established as the employee has a VAS score of 8/10 without medications that is only reduced to a 7/10 with medications. The clinical documentation submitted for review does not provide evidence of significant pain relief as a result of the use of Cymbalta. Continued use would not be indicated. The request for one prescription of Cymbalta, 60mg, #28 is not medically necessary and appropriate.